

## **Statewide Quality Advisory Committee (SQAC)**

### **Draft Bylaws**

#### **Preamble**

The Statewide Quality Advisory Committee (SQAC) was created by MGL Chapter 12C, §14, as enacted through Chapter 224 of the Acts of 2012, *An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation*. It is the successor body to the Committee of the same name created by Section 54 of Chapter 288 of the Acts of 2010. The purpose of the SQAC is to serve in an advisory capacity and recommend to the Center for Health Information and Analysis quality measures for inclusion in the standard quality measure set (SQMS). The Center will promulgate regulation for the uniform reporting of the SQMS by healthcare providers, facilities and provider groups. The SQAC does not have a defined end-date, but is intended to longitudinally reassess and expand upon the SQMS. Although the primary function of the SQAC will be its advisory role to the Center, the Committee may elect to express recommendations to the wider stakeholder community regarding adoption of the proposed SQMS, with the understanding that the Center is able to promulgate regulations only within its regulatory purview.

#### **Article I**

##### **1.1 Books and Records**

Committee documents and meeting minutes shall be kept at the Center, except as may be otherwise required or permitted by resolution of the Committee, or as the business of the Committee may from time to time require. Committee documents shall be available for review by any member of the SQAC. The minutes of any open meeting, as well as notes, recordings and other materials used to prepare such minutes, and all documents and exhibits used at Committee meetings shall be subject to Massachusetts Public Record Law.

#### **Article II**

##### **2.1 Membership of the SQAC**

The SQAC shall consist of appointed and *ex officio* members as defined by its enabling statute.

The members of the Committee are as follows:

- Executive Director of the Group Insurance Commission
- Director of the Office of Medicaid
- Representative from an acute care hospital or hospital association
- Representative from a provider group, medical association or provider association
- Representative from a medical group
- Two representatives from a private healthcare plan
- Representative from an employer association

- Representative from a health care consumer group

*Ex officio* members of the Committee may elect to have one individual designated to attend in their absence over the course of an annual session. Committee members are required to provide written notification to the SQAC Chair identifying their designee. Such designees have the authority to participate in all Committee business and to vote on all matters. In accordance with the enabling statute, if a gubernatorially appointed member is unable to attend a meeting, they may send a non-voting representative to the SQAC meeting on their behalf. Committee members shall have one vote, and only members may vote. Such designees are permitted for deliberation only.

Appointed members may resign at any time by providing written notification to the Governor and the Chair. A resignation shall be effective upon acceptance of the letter by the Governor. If there is an open seat, the Chair will propose nominees to the Governor, who retains the prerogative to fill vacancies.

The Committee shall perform the duties outlined by its enabling statute, these bylaws, and by resolution of the Committee in accordance with Massachusetts Law and these bylaws. All members of the Committee shall perform their duties diligently, including attending meetings, and keeping themselves informed about SQAC matters. Members shall serve without compensation.

## **2.2 Non-Voting Members**

The Chair shall nominate to the Committee the appointment of any representative of a public agency as a non-voting member of the Committee. Such nominations shall be subject to approval by the majority of the Committee.

## **2.3 Chairperson**

The Executive Director of the Center for Health Information and Analysis chairs the Committee.

## **2.4 Conflicts of Interest**

Committee members shall fully disclose any relationship with an individual or with members of other organizations which represents or has the potential to represent a conflict of interest or result in personal financial gain.

# **Article III**

## **3.1 Conduct of the Meetings**

Committee meetings shall be conducted in accordance with the Open Meeting Law (OML) provisions of MGL c.30A, §18-25. Meetings will be open to the public, except as otherwise provided in the OML. Meeting participation by phone is governed by the OML.

## **3.2 Quorum**

A quorum is achieved if a majority of the sitting members of the Committee are present. In the absence of a quorum, the Chair may recess a meeting for another time or until a quorum is obtained. An affirmative vote of a majority of the sitting Committee members shall be necessary and sufficient for any action to be taken by the Committee. "Sitting members" shall include *ex officio* and gubernatorially appointed members or designees and shall not include vacant SQAC seats. A vacant seat on the Committee does not inhibit a quorum's right to fulfill the duties of the SQAC as outlined in its enabling statute.

## Article IV

### 4.1 Measure Recommendations

The Committee will identify and endorse measures for inclusion in the Standard Quality Measure Set and will recommend future quality measurement priorities. The Committee will issue annual measure recommendations to the Center by November 1. At a minimum, all endorsed measures will be reassessed every three years to ensure conformity with SQAC and the Commonwealth's priorities.

The final recommendations of this Committee will serve to advise the Center in its promulgation of regulations that would update the SQMS.

### 4.1 Annual Reporting

The items to be released by the Committee as part of its annual reporting process are:

- **Annual Standard Quality Measure Set:** the list of measures recommended for inclusion in the SQMS, categorized by the strength of recommendation derived from alignment with the evaluation criteria. The SQMS shall at a minimum include the following measures:
  - CMS Hospital process measures for heart attacks, congestive heart failure, pneumonia and surgical infection prevention
  - The US Department of Health and Human Services' Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), which is a national, standardized survey of hospital patients.
  - The Healthcare Effective Data and Information Set (HEDIS), a survey that is administered by the National Committee for Quality Assurance (NCQA). This national survey is used by more than 90% of health care plans to measure performance on care and service.
  - The Massachusetts Ambulatory Care Experiences Survey
  - Outcome measures
- **Measure Evaluation Reports:** brief reports outlining how given measures align with the evaluation criteria, and any relevant discussion points. These reports will be released intermittently, following the Committee's decision whether or not to recommend a given measure or measure set.
- **Annual Priorities Report:** the document describing the Committee's recommendation for the future direction for the Commonwealth's quality measurement priorities as informed by the Chair, SQAC, and the public at SQAC meetings.

## Article V

### **5.1 Amendment**

Recommendations for revisions to these bylaws shall be considered at the prerogative of the Chair, and subject to approval by a majority of the Committee.

### **4.2 Execution of Instruments and Contracts**

Any contracts or other written documents may be signed, acknowledged or delivered, in the name of and on behalf of the Committee by the Chair, except as otherwise required by law or Committee vote.